

1. I am a physician duly licensed to practice medicine in the State of Delaware.
2. The only relationship between the above named person and myself is that of physician and patient.
3. I last examined the aged, mentally infirmed and/or physically incapacitated person on this date _____ and in my medical opinion, he/she: (Check all that apply)
 - ☐ Needs a Guardian of his/her Property because by reason of advanced age, mental infirmity and/or physical incapacity he/she is unable to properly manage and care for his/her property and in consequence thereof is in danger of dissipating or losing such property or of becoming a victim of designing persons **AND**
 - ☐ Needs a Guardian of his/her Person because by reason of advanced age, mental infirmity and/or physical incapacity he/she is in danger of substantially endangering his/her health or becoming subject to abuse by other persons or becoming the victim of designing persons.
4. The particulars of the alleged advanced age, mental infirmity, and/or physical incapacity are set forth in detail as follows:

5. (Check the appropriate statement below. Check only **ONE**.)

☐ Personal notice of the Guardianship Petition by his/her attorney *ad litem* would **NOT** be detrimental to the person's health.

☐ Personal notice of the Guardianship Petition by his/her attorney *ad litem* **WOULD** be detrimental to the person's health for the following detailed reasons: _____

6. (Check the appropriate statement below. Check only **ONE**.)

☐ Personal notice of the Guardianship Petition by his/her attorney *ad litem* would **NOT** be meaningless.

☐ Personal notice of the Guardianship Petition by his/her attorney *ad litem* **WOULD** be meaningless for the following detailed reasons: _____

Date

Physician's Signature

SWORN TO AND SUBSCRIBED before me on this date: _____

Notary Public or Clerk of the Court